## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docker umber

| (Column 1) (Column 2)   |  |   |  |                               |  |   |              | SMALL ENTITY TYPE |                        | OR                         | OTHER THAN  R SMALL ENTITY |                        |  |
|---|--|---|--|-------------------------------|--|---|--------------|-------------------|------------------------|----------------------------|----------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES  |  |   | (Colum                                     | ···/                          |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              | RATE              | FEE                    |                            | RATE                       | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150                        |                               | LARGE ENT. = \$ 300                    |   | ВА           | SIC FEE           | 150                    | OR                         | BASIC FEE                  |                        |  |
| EXAMINATION FEE   |  |   | Satisfies PCT A                            |                               | All other situations = \$ 100 / \$ 200 |   | EX           | AM. FEE           |                        |                            | EXAM. FEE                  |                        |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cor \$ 200 / \$ | untries =                     | All other situations = \$ 250 / \$ 500 |   | SE           | ARCH FEE          | 200                    |                            | SEARCH FEE                 |                        |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | min  | us 100 =                      |  | / 50 =                                  | ×            | ( \$ 125 =        |                        |                            | X \$ 250 =                 |                        |  |
| TOT   | AL CHARGEAE                                    | BLE CLAIMS                                | 2 mi                                       | nus 20 =                      | منسر: ۱                                |   |              | X \$ 25 =         |                        | OR                         | X \$ 50 =                  |                        |  |
| IND   | EPENDENT CL                                    | AIMS                                      | / m  | ninus 3 =                     | *                                      |   | ×            | (\$ 100 =         |                        | OR                         | X \$ 200 =                 |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                                      |                               |  |   | +            | · \$ 180 =        |                        | OR                         | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |  |                               |  | lumn 2                                  |              | TOTAL             |                        | OR                         | TOTAL                      | _                      |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |   |  |                               |  |   | SMALL ENTITY |                   | OR                     | OTHER THAN<br>SMALL ENTITY |                            |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA                        |              | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                            |  | =                                       | ,            | K \$ 25 =         |                        | OR                         | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                           |  | =                                       | X            | \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |  |
| •   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |   | +            | \$ 180 =          | و دید                  | OR                         | + \$ 360 =                 |                        |  |
|   |  |   |  |                               |  |   |              | TAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                               |  |   |              |                   |                        |                            |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA                        |              | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                            |  | =                                       | >            | <b>K \$ 25 =</b>  |                        | OR                         | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                      | ***                           |  | =                                       | х            | \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |   | +            | \$ 180 =          | ·                      | OR                         | + \$ 360 =                 |                        |  |
|   |  |   |  |                               |  |   |              | TAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE        |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |  |                               |  |   |              |                   |                        |                            |                            |                        |  |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.